

WISCONSIN MEDICAID  
PROVIDER CHANGE OF ADDRESS OR STATUS

SECTION I — PROVIDER INFORMATION

Name — Provider (required)		Name — Contact Person (if different than provider)	
Wisconsin Medicaid Provider Number (required)		Medicare Provider Number	
Attention		Telephone Number — Provider (required)	
Street Address — Provider (P.O. Box alone not allowed)	City	State	Zip Code

If above is rural route, indicate fire number and directions to the provider's physical location:

SECTION II — PAYEE AND TAX INFORMATION

Name — Payee		Attention	
Address — Payee	City	State	Zip Code
IRS Number — Payee		IRS Number Effective Date	
SIGNATURE — Provider (required)			Date Signed (required)

Mail to:

Wisconsin Medicaid  
Provider Maintenance  
6406 Bridge Rd  
Madison WI 53784-0006

For more information, contact Provider Services at (800) 947-9627 or (608) 221-9883.